

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. / FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	0		/				54						
5	2		/				55						
6	0						56						
7	0		/				57						
8	0		/				58						
9	0		/				59						
10	0		/				60						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		/				TOTAL IND.						
TOTAL DEP.	10	←	16	←		←	TOTAL DEP.	←		←		←	←
TOTAL CLAIMS	11		17				TOTAL CLAIMS						